

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

Reg. Dist. No. 2910

00873

1. PLACE OF DEATH:  
County... Talbot County  
City or town... St. Michaels.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? All his life.  
Hospital, institution, or street address where death occurred:  
St. Michaels, Maryland.  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Talbot  
City or town... St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
Frisby Bailey

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced widowed  
6.(b) Name of husband or wife... Annie Bailey  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) December 10, 1855.  
8. AGE: Years 91 Months 1 Days 16 If less than one day..... hrs. .... min.

9. Birthplace... Talbot County, Maryland.  
(Town, county, and state)

10. Usual occupation... Laborer.

## 11. Industry or business

FATHER 12. Name... William Bailey.  
13. Birthplace... Talbot County, Maryland.  
MOTHER 14. Maiden name... Louise Johnson.  
15. Birthplace... Talbot County, Maryland.

16. Informant... Annie Miller  
Address... Rolles Ranges, St. Michaels.

17. Burial Date thereof... Jan. 29, '47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... St. Michaels.  
Location... St. Michaels, Maryland.

18. Funeral director... J. Norman Marshall.  
Address... St. Michaels, Maryland.

19. Jan 29 19 47 John H. Marshall  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 26, 1947 19... 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan. 26, 1947 19... to Jan 26, 1947.

and that I last saw him alive on 2 wks 19...

Immediate cause of death... Uremia Acute

Due to... Arteriosclerotic Nephritis

Due to...

Other conditions... Generalized Arterio-sclerosis, Senility, Hypertension  
(Include pregnancy within 3 months of death)

Major findings of operations... None

Date of op. None

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... 4 Date of 1

Where did injury occur? St. Michaels (City or town) (County) (State)

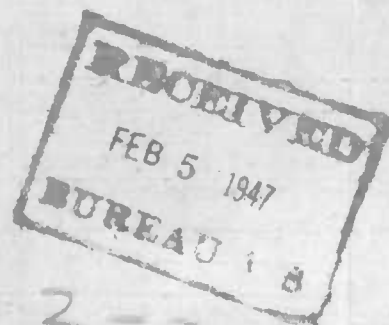
Injured at home, farm, industry, public place (where?) St. Michaels

Means of injury St. Michaels Injured at work? 27

23. SIGNATURE... St. Michaels, Md M. D. or other

Address... St. Michaels, Md Date signed 1.27.47

DURATION  
over a period  
of years



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 560

00874

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton Maryland  
 (If outside city or town limits write RURAL and give nearest town)  
 How long in above place of death? 8 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Elizabeth Baynard

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife James Baynard7. Birth date of deceased (mo., day, yr.) Sept. 10, 1866 6. (c) If alive, give age 89 years8. AGE: Years 80 Months 4 Days 17 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (Town, county, and state)

10. Usual occupation H. W.

## 11. Industry or business

12. Name David Eveland13. Birthplace Pa.14. Maiden name Christina Roop15. Birthplace Pa.16. Informant Mrs. Mary SpenceAddress Ridgely Md.17. Burial Date thereof 1/30/47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro Md.18. Funeral director Raymond B. RawlingsAddress Greensboro Md.19. 1/27 47 H. H. Nevius  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 19 47 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw her alive on Jan 27 19 47

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ovarian Cyst strangulated

(Include pregnancy within 3 months of death)

Major findings of operations strangulated ovarianCyst Rt. Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

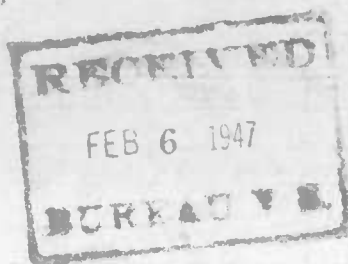
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Tom Palmer M. D. or other \_\_\_\_\_Address Easton Md. Date signed \_\_\_\_\_



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00875

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred  
Memorial Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Barney Brooks

## 3. (b) Social Security Number

4. Sex M 5. Color or race B 6.(a) Single, married, widowed, or divorced Widowed

8.(b) Name of husband or wife Emma Nixon Brooks

7. Birth date of deceased (mo., day, yr.) March 25, 1880 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 66 Months 10 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Easton Md  
 (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Private home

12. Name John Brooks

13. Birthplace Talbot Co. Md.

14. Maiden name Mary A. Summers

15. Birthplace Talbot Co. Md.

16. Informant Bertha Brooks

Address Easton Md

17. Buried Date thereof 1/23/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rickards

Location Easton Md

18. Funeral director John W. Henry

Address 310 South St. Easton Md

19. 1/21/47 N. H. Newman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1947 at 4:58 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1947 to Jan 20 1947

and that I last saw him alive on Jan 19 1947

Immediate cause of death \_\_\_\_\_

Pneumonia lobes left. DURATION 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

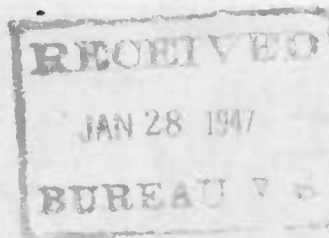
Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Walter J. Buell, M.D.

Address Easton Md Date signed 1-21-47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

## CERTIFICATE OF DEATH

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 68 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 66 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's  
 City or town Grasonville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME EMMETTJames A Burns

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWmarried6. (b) Name of husband or wife Hannah Doris Burns6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Oct 16 - 18808. AGE: Years Months Days If less than one day  
66 3 0 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Prig Corner 2 A Co Md  
(Town, county, and state)10. Usual occupation Waterman

## 11. Industry or business

FATHER 12. Name Thomas Burns  
 13. Birthplace Talbot Co Maryland  
 MOTHER 14. Maiden name Mary Clark  
 15. Birthplace Don't know

16. Informant Evermond Burns  
 Address Grasonville Md.

17. Burns Date thereof Jan 18 - 47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Chesterfield  
 Location Centerville Maryland

16. Funeral director Barton Bros  
 Address Centerville, Maryland

19. 1/17 19 47 N.H. Heirich  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 19 47 at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
11 Nov 46 19 46 to 16 Jan 47 19 47  
 and that I last saw him alive on 16 Jan 47 19 47

Immediate cause of death Arterio Sclerotic Heart Disease DURATION Years

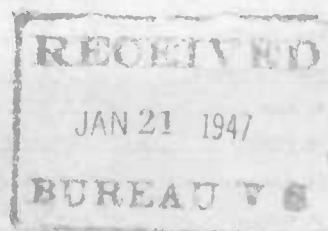
Due to Arterio Sclerotic Heart Disease  
Other: Atrial fibrillation 1 yr.  
Chronic Alcoholism 4 years?  
 Other conditions Auto accident, Fract skull, Amputation R. leg. 11 Nov 46  
 (Include pregnancy within 3 months of death)

Major findings of operations Comp. Fractured tibia  
1941 leg. Date of op. 12 Nov 46  
 Autopsy results 2 - 4 Dec 46  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident, Auto Date of 12 Nov 46  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE J. F. Kennamion MD M. D. or other  
 Address Easton, Md. Date signed 17 Jan 47





1-35



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

## CERTIFICATE OF DEATH

Reg. Dist. No. 00877 2900

## 1. PLACE OF DEATH:

County Jeff  
 City or town Rural Canton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Jeff  
 City or town Rural Canton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret Fanning Carlsch

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Arthur T. Carlsch  
 6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) October 20, 1897

8. AGE: Years 47 Months 2 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Jeff, Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George W. Fanning

13. Birthplace md

14. Maiden name Joseph K. Carlsch

15. Birthplace md

16. Informant Lo. G. Fanning

Address Canton, Maryland

17. Burial, cremation, or removal, Which? Burial Date thereof Jan 11, 1947

(month) (day) (year)

Cemetery or crematory St. Joseph

Location Rural Canton, md

18. Funeral director Blair Clark

Address Canton, md

19. 1-6 47 N-St. Neve

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 19 47 at Home M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-6- 19 47 to 1-8 19 46  
 and that I last saw her alive on 1-6- 19 46

Immediate cause of death Carcinoma of uterine DURATION 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE MB Top md M. D. or other

Address Canton md Date signed \_\_\_\_\_

RECEIVED

JAN 14 1947

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TALBOTCity or town EASTON MD. RURAL.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 MONTH

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County TalbotCity or town Easton R.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

HARRY PAUL CECIL

## 3. (b) Social Security Number

4. Sex MALE 5. Color or race W 6. (a) Single, married, widowed, or divorced \_\_\_\_\_

8. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) May 18, 1946 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 7 mo. Months 7 Days 23 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace EASTON TALBOT, MD.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

## 11. Industry or business

12. Name EDGAR CECIL13. Birthplace Stevensville, Md. Queen Anne's Co.14. Maiden name EVELYN LELIS, MD.15. Birthplace Stevensville, Md. Queen Anne's Co.16. Informant Edgar CecilAddress Easton, Md. R.F.D.17. Burial Date thereof Jan 13/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville, Md.18. Funeral director Carl W. StaffordAddress Easton, Md.19. 1/11 19 47 N.A. Nevin  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 10 Jan 47 19 47 at 7:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 Jan 19 47 to 10 Jan 19 47and that I last saw him 10 Jan 19 47 alive on 10 Jan 19 47Immediate cause of death Stunt inDue to gross parental neglect - nothingDue to Place: R.F.D.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thos. H. Harrison M.D.Address 214 E. River St. Easton M. D. or other \_\_\_\_\_Date signed 11 Jan 47

RECEIVED

JAN 17 1947

BUREAU 76

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1612

00879

## CERTIFICATE OF DEATH

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County Talbot

City or town Easton Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 HOURS

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 12 HOURS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Baby Roberta Sue Chase

## 3. (b) Social Security Number

4. Sex F 5. Color or race B 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife

John 16th - 47 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days 4 If less than one day 1 hrs. 40 min.

9. Birthplace Trappe Md.  
(Town, county, and state)

10. Usual occupation Infant

## 11. Industry or business

12. Name Josiah Chase

13. Birthplace Trappe Md.

14. Maiden name Mary Scott

15. Birthplace Trappe Md.

16. Informant Memorial Hospital

Address Easton Md.

17. Burial Date thereof Jan 20 - 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Trappe

Location Trappe Maryland

18. Funeral director Joseph Chase

Address Trappe Md.

19. 1/20 47 24. Harris Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1947 at 6:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19, 1947 to Jan 20, 1947

and that I last saw her alive on Jan 19, 1947

Immediate cause of death Pulmonary Atelectasis DURATION 2 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Dr. S. Seymeser M. D. or other

Address Trappe Md. Date signed 1-20-47

RECEIVED

JAN 25 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00880

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... TalbotCity or town... Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 3 wks.

## 3. (a) FULL NAME

Charles Cooper

4. Sex

M.

5. Color or race

B

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Minnie Cooper

7. Birth date of deceased (mo., day, yr.)

July 4 1904B. (c) If alive, give age 38 years

8. AGE:

Years 42

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Easton, Talbot Co., Md.  
(Town, county, and state)

10. Usual occupation

Day worker

11. Industry or business

Unknown

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal. Which?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. 47

N. H. Nevins

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... TalbotCity or town... Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No... 200 Glenwood Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war...

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 5 1947 at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 5 1947 to Jan 5 1947and that I last saw him alive on Jan 5 1947

Immediate cause of death

Cerebral hemorrhage

Due to

arteriosclerosis

Due to

Syphilis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. M. P. Stern

M. D. or other

Address

Easton MdDate signed 1-8-47

## DURATION

2 daysseveralyearsseveralyears



RECEIVED  
JAN 14 1947  
BUREAU 7 8

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 20881 2910

## I. PLACE OF DEATH:

County.....Talbot County  
 City or town.....St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Talbot  
 City or town.....St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Linder Cooper

## 3. (b) Social Security Number

210-12-1868

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored Married

8. (b) Name of husband or wife Hattie Cooper

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 22, 1909.

8. AGE: Years Months Days If less than one day  
 37 6 22 .....hrs. ....min.

9. Birthplace.....Lunenburg, Virginia.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown  
 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Hattie Cooper

Address St. Michaels, Maryland.

17. burial Date thereof Jan. 15, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sherwood Cemetery

Location Sherwood, Maryland.

18. Funeral director J. Norman Marshall.

Address St. Michaels, Maryland.

19. Jan. 15, 1948 John Howarth  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 13 January 1947 at 2<sup>00</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 August 1946 to 13 January 1947, and that I last saw him alive on 22 December 1946.

Immediate cause of death Heart Failure

DURATION

Due to Cardio-renal disease with lymphatic obstruction 2 years

Due to

Other conditions Anasarca

(Include pregnancy within 3 months of death.)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Herbert Morrison

Address St. Michaels, Md. Date signed 15 Jan. 47  
 M. D. or other

~~CONFIDENTIAL~~

Feb 5 1947

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of  
age is shown on  
G 108 2/10/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2910

## 1. PLACE OF DEATH:

County TalbotCity or town Newcomb  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3.(a) FULL NAME

Fritz Facklum

## 3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Fannie Facklum6.(c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) June 22, 1869.

8. AGE: Years Months Days If less than one day

777/8616

.....hrs. ....min.

9. Birthplace Copenhagen, Denmark  
(Town, county, and state)10. Usual occupation Mechanic

## 11. Industry or business

12. Name William Facklum13. Birthplace Denmark14. Maiden name Unknown15. Birthplace Unknown16. Informant Fannie FacklumAddress Newcomb, Maryland.17. Burial Date thereof Jan. 9, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Michaels CemeteryLocation St. Michaels, Maryland.18. Funeral director J. Norman Marshall.Address St. Michaels, Maryland.19. Jan 8 1947 John H. H. H. H.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7 January 1947, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

23 December 1946, to 7 January 1947and that I last saw him alive on 6 January 1947

Immediate cause of death

Carcinoma of stomach with involvement of abdominal organs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of stomach with involvement of abdominal organs.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

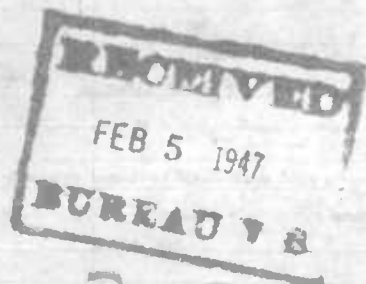
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Perkins M.D.

M. D. or other

Address Royal Oak, Md. Date signed 1/7-47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157e

## CERTIFICATE OF DEATH

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Catox  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 days  
 Hospital, institution, or street address where death occurred:  
Maryland Hospital  
 How long in hospital or institution? 14 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town... Cordova  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2(a) If veteran, name war .....

## 3. (a) FULL NAME

Patricia Ann Betty Flint

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 21-46 6. (c) If alive, give age ..... years

8. AGE: Years Months Days If less than one day  
14 hrs. .... min.

9. Birthplace Cordova, Md.  
 (Town, county, and state)

10. Usual occupation none

## 11. Industry or business

12. Name Mrs. Harry Fluharty

13. Birthplace Caroline Co.

14. Maiden name Mary Sharp

15. Birthplace Luben Anne Co.

16. Informant Harry Fluharty

Address Cordova Md

17. Burial Date thereof Jan 5, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord

Location Concord, Maryland

18. Funeral director Vigil Mortuary

Address Denton, Md.

19. 1/4 19. 46 N. H. Neirner  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 19. 46 at 8:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 21 19. 46 to Jan 3 19. 47

and that I last saw her alive on Jan 3 19. 47

Immediate cause of death Myocardial Infarction DURATION 12 hrs

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE George A. White MD M. D. or other

Address ..... Date signed .....



RECEIVED

JAN 11 1947

BUREAU V S

2-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 00884 794

## 1. PLACE OF DEATH:

County CalvertCity or town Chapman - Talbot County  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Chapman  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Kellie Ann P. Puckert

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Leis A. Puckert

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

5-10-1853

8. AGE:

93

Years

Months

Days

If less than one day

26

hrs.

min.

9. Birthplace

Chapman Talbot Co. Md.  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own home

FATHER

12. Name

Leis A. Puckert

13. Birthplace

Calvert Co. Md.

MOTHER

14. Maiden name

Leis A. Russell

15. Birthplace

Calvert Co. Md.

16. Informant

James P. Puckert

Address

Chapman Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

1-8-47  
(month) (day) (year)

Cemetery or crematory

St. Johns

Location

Chapman Md.

16. Funeral director

Norman M. Russell

Address

St. Michaels Md.19. 1-8-47

(Date rec'd by registrar)

19

St. James

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 6 1947 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4 1946 to Jan 6 1947and that I last saw him alive on Jan 5 1947

Immediate cause of death

Abdominal Tumor  
Malignant - middle and upper abdomen.

Due to

Carcinoma of intestines.

Due to

Other conditions Due to advanced age and feebleness.no X-rays were taken.  
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James P. Puckert

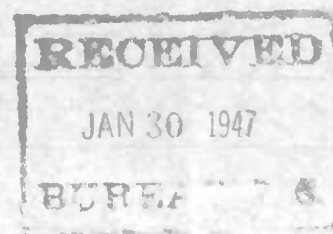
M. D. or other

Address

Chapman Md.

Date signed

Jan 8 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? Fifteen days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Preston, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Donna Gail  
Baby Girl Higgins  
 4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

## 3. (b) Social Security Number

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1946  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 15 hrs. \_\_\_\_\_ min.

9. Birthplace Memorial Hospital - Easton, Md.  
 (Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name Mrs. Harold Higgins  
 13. Birthplace \_\_\_\_\_

14. Maiden name Ruth Kalota  
 15. Birthplace Delaware

16. Informant Memorial Hospital  
 Address Easton, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof 1/9/47  
 (month) (day) (year)

Cemetery or crematory Springhill  
 Location Easton, Md.

18. Funeral director Maunice Newnam, Son  
 Address Easton, Md.

19. 1/16 19 47 N.H. Nevius  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 19 47 at 5:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to Jan 16 19 47  
 and that I last saw him alive on Jan 15 19 47

Immediate cause of death Hypertensive  
pneumonia DURATION 48 hrs

Due to Congestive heart failure 15 days

Due to \_\_\_\_\_

Other conditions Congenital heart  
failure type undetermined  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results unreported  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J.T.B. Ambler M.D.  
Easton, Md. M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 1/16/47

1947

CERTIFICATE OF DEATH

RECEIVED  
JAN 21 1947  
BUREAU V. B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00886

2900

## 1. PLACE OF DEATH:

County Fallot CarolineCity or town Greensboro Maryland Eastern  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Memorial HospitalHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fallot CarolineCity or town Greensboro Maryland  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Robert Kennedy Jr.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Black Single6. (b) Name of husband or wife Mary Elizabeth Kennedy7. Birth date of deceased (mo., day, yr.) 1904 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years Months Days If less than one day  
43 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name Emmet Kennedy13. Birthplace Maryland14. Maiden name Louise Gould15. Birthplace Maryland16. Informant Emmet KennedyAddress Greensboro Rural17. Burial Date thereof 1/25/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory W. GreensboroLocation Near Greensboro Md.18. Funeral director Raymond B. RawlingsAddress Greensboro Md.19. 1/24 19. 47 N.A. Reeves  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 19. 47 at 11 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 19. 47 to January 20 19. 47  
and that I last saw him alive on January 19 19. 47Immediate cause of death Vascular Shock

## DURATION

10 hoursDue to Guns shot (bullet 38) of8 PM 1/18/47Due to abd with generalized20 hoursDue to peritonitis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Perforation of stomachand small intestine. Date of op. 1/19/47Autopsy results all perforations closed Peritonitis

PHYSICIAN: Please underline the cause in which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 1/18/47Where did injury occur? Greensboro Caroline Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Bullet wound Injured at work? no23. SIGNATURE D.T.B. Ambler MD M. D. or otherAddress 214 E Dover St. Date signed 1/20/47

RECEIVED  
JAN 28 1947  
BUREAU

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

104-a

00887

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County TalbotCity or town Royal Oak, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Royal Oak Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Noah Limberry

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of \_\_\_\_\_ 6. (c) If alive, give age \_\_\_\_\_ years

deceased (mo., day, yr.) Jan. 17, 1947

8. AGE: Years Months Days If less than one day

6

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name Lloyd Washington Limberry13. Birthplace St. Michaels Md.MOTHER 14. Maiden name Mary Emma Greene15. Birthplace Royal Oak Md.16. Informant Mary Emma LimberryAddress Royal Oak Md.17. Burial Date thereof Jan. 23, 1947

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery Royal OakLocation Royal Oak Talbot Co.18. Funeral director Frank Clark ActingAddress Royal Oak Talbot County19. Jan. 23 19 47 H. W. Wales

(Date rec'd by registrar) Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 19 47, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 17th 19 47 to Jan. 22 19 47and that I last saw him alive on Jan. 22 19 47Immediate cause of death coldBronchopneumoniaDue to Exposure

Due to \_\_\_\_\_

Other conditions Rain dripped on baby - mothernot intelligent enough to move baby

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Louis P. Heston M.D. D.M.E.

Deputy Medical Examiner M.D. or other

Address Heston Md. Date signed 4-15-47



ARTISTIAN LEADER

WAG CONTENT

RECEIVED

APR 16 1947

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

934

00888

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 100 years of life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Md. County... Talbot  
 City or town... Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No...  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Sarah Elizabeth Mulikin

## 3. (b) Social Security Number

None

4. Sex... Female 5. Color or race... white 6.(a) Single, married, widowed, or divorced... Widow  
 6.(b) Name of husband or wife... John R. Mulikin  
 7. Birth date of deceased (mo., day, yr.)... Oct. 5 1861 6.(c) If alive, give age... years  
 8. AGE: Years... 85 Months... 3 Days... 25 It less than one day... hrs. min.

9. Birthplace... Trappe Talbot Co., Md.  
 (Town, county, and state)

10. Usual occupation... Housewife

## 11. Industry or business

12. Name... Leonard

13. Birthplace... Talbot Co., Md.

14. Maiden name... Sarah Ann Horsey

15. Birthplace... Talbot Co., Md.

16. Informant... Mrs. Sadie Criger

Address... Trappe, Md. RD

17. (Burial, cremation, or removal. Which?) Burial Date thereon... Feb. 1, 1947  
 (month) (day) (year)

Cemetery or crematory... St. Mary's Hill

Location... Talbot, Md.

18. Funeral director... Maurice E. Newman, Son

Address... Custora, Md.

19. Date rec'd by registrar... Jan 31, 1947 Registrar... Joyla Ross

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 30 19... 47 at... SA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1946 to Jan 31, 1947

and that I last saw her alive on Jan 25 19... 47

Immediate cause of death... Chronic myocarditis

Due to... DURATION 3 yrs

Due to...

Other conditions... Barlay's Agglutins

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

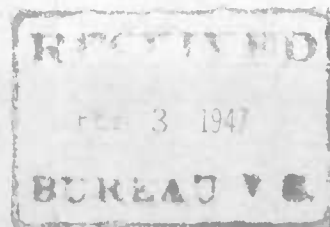
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Joyla Ross M. D. or other

Address... Trappe, Md. Date signed... 1/31/47



1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77C

## CERTIFICATE OF DEATH

Reg. Dist. No. 2900

### 1. PLACE OF DEATH:

County Talbot  
City or town Easton Md. R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 3. (a) FULL NAME

Dusie Ockimey

### 3. (b) Social Security Number

4. Sex female 5. Color or race C 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Oscar Ockimey

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1876 6. (c) If alive, give age 70 years

8. AGE: Years 70 Months 2 Days 2 It less than one day hrs. min.

9. Birthplace Easton Talbot md.  
(Town, county, and state)

10. Usual occupation laborer

### 11. Industry or business

12. Name Reliance Basin

13. Birthplace unknown

14. Maiden name Mary Brooks

15. Birthplace Talbot County

16. Informant Oscar Ockimey

Address Easton md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 16/47  
(month) (day) (year)

Cemetery or crematory Richardson Cemetery

Location Easton md.

18. Funeral director Emilio Hofford

Address Easton md.

19. 1/14 19 47 N.H. Nevins  
(Date rec'd by registrar) Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Talbot

City or town Easton R.D.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.   
(If rural, give LOCATION)

2. (a) If veteran, name war

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 19 47 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Acute alcoholism

DURATION ? hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury  Injured at work?

23. SIGNATURE Louis P. Kelly M.D. Dept. Health M.D. or other

Address Easton md. Date signed 1-14-47

MARGIN RESERVED FOR BINDING

VS A151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 17 1947

BUREAU 7 6

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00890

Reg. Dist. No. 2900

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 Years  
 Hospital, institution, or street address where death occurred:  
227 S. Aurora St.  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Talbot  
 City or town... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 227 S. Aurora St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Katie Amanda Poe  
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife James Poe  
 7. Birth date of deceased (mo., day, yr.) Jan. 12, 1873 6.(c) If alive, give age 76 years

8. AGE: Years 74 Months 0 Days 16 If less than one day  
 .....hrs. ....min.

9. Birthplace Baltimore, Md.  
 (City, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Madison March

13. Birthplace Unknown

14. Maiden name Eva Gorsuch

15. Birthplace Unknown

16. Informant James Poe (husband)

Address Easton, Md.

17. (Burial, cremation, or removal, which?) Burial Date thereof Jan 30, 1947  
 (month) (day) (year)

Cemetery or crematory Pythian

Location Pythian, Md.

18. Funeral director L. Ellis Clark

Address Easton, Md.

19. 1/30 1947 N.H. Mewer  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH January 28 1947 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 26 1947 to Jan 28 1947  
 and that I last saw him alive on Jan 28 1947

Immediate cause of death Cerebral hemorrhage DURATION 3 days

Due to Arteriosclerosis years

Due to Hypertension years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations NO

Date of op.

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. M. C. Stevens M. D. or other

Address Easton, Md. Date signed 1-29-47

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FEB 4 1947  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00891

Reg. Dist. No. 2720

## 1. PLACE OF DEATH:

County Dalbert  
 City or town Oxford  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dalbert  
 City or town Oxford Ward No.  
 (If outside city or town limits, write RURAL NEAR and give town)

Street No.  
 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

## 3. (a) FULL NAME

Helen M. Ruter

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

Madford Ruter

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Aug 26 - 1892

8. AGE:

74

Years

Months

4

Days

20

If less than one day

\_\_\_\_ hrs. \_\_\_\_ min.

9. Birthplace

Philadelphia  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER  
 MOTHER

12. Name

Shooper Henry Mudge

13. Birthplace

Philadelphia

14. Maiden name

Mary Emma Shephard

15. Birthplace

Philadelphia

16. Informant

Etta M. Dyckson

Address

Rushie Apt Pittsburgh 13 Pa

17.

(Burial, cremation, or removal, Which?)

Date thereof

Jan 17 - 47

Cemetery or crematory

Oxford

Location

Oxford, Md

18. Funeral director

Charles Black

Address

Carlton Rd

19.

Date rec'd by registrar

Jan 16 - 1947

Registrar

Jon H. Ross

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 14 - 1947 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946 to January 1947  
 and that I last saw her alive on January 14 - 1947

Immediate cause of death

Edema of lung  
Hemiplegia

Due to

Due to

Chronic sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Jon H. Ross  
Dalbert, Md

M. D. or other

Address

Date signed 1/16/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 18 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83W

## CERTIFICATE OF DEATH

Reg. Dist. No.

60892

2940

## 1. PLACE OF DEATH:

County... TalbotCity or town... Stephan  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... TalbotCity or town... Stephan  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Lynnie L. Smith

## 3. (b) Social Security Number

231-07-3995

## 4. Sex

Female

## 5. Color or race

Col

## 6. (a) Single, married, widowed, or divorced

Widowed

## B. (b) Name of husband or wife

Wm. Smith

## 7. Birth date of

deceased (mo., day, yr.)

3-21-1896

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

50929

hrs.

min.

## 9. Birthplace

Talbot, N.C.

(Town, county, and state)

## 10. Usual occupation

Packing house worker

## 11. Industry or business

Packing house

## FATHER

## 12. Name

Lucas Hane

## 13. Birthplace

Talbot N.C.

## MOTHER

## 14. Maiden name

Lucy Bledsoe

## 15. Birthplace

Talbot N.C.

## 16. Informant

Bertha Hawkins

## Address

Stephan Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

1-23-1947  
(month) (day) (year)

## Cemetery or crematory

Shenwood Ch.

## Location

Shenwood Md.

## 18. Funeral director

Norman Marshall

## Address

St. Michaels

## 19.

(Date rec'd by registrar)

1-23-47G. J. Johnson

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 20 19... 47, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 12 19... 47, to Jan 20 19... 47and that I last saw him... alive on Jan 12 19... 47

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

4 1/2 hrs

## Due to

Hypertension1 week

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

## Means of injury

## Injured at work?

## 23. SIGNATURE

G. J. Johnson

M. D. or other

Address... St. Michaels Date signed 1/20/47

RECEIVED

JAN 30 1947

RECEIVED

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1150

00893

## CERTIFICATE OF DEATH

Reg. Dist. No. 20

## 1. PLACE OF DEATH

County TalbotCity or town Easton Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 hrs.

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 27 1/2 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Belleveue  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bruce Thomas

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

B

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

Sept 26, 1945 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

Sept 26, 1945

8. AGE:

Years

Months

3

Days

It less than one day

115

hrs.

min.

9. Birthplace Belleveue Maryland  
(Town, county, and state)

10. Usual occupation

infant

11. Industry or business

FATHER

12. Name

Morris Thomas

13. Birthplace

Belleveue, Md

MOTHER

14. Maiden name

Etta S. White

15. Birthplace

Belleveue, Md

16. Informant

Morris Thomas (father)

Address

Belleveue, Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1/2147

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 19 47 at 6 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 19 47 to Jan 21 19 47and that I last saw him alive on Jan 21 19 47

Immediate cause of death

Cerebral hemorrhage

DURATION

7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op. 1/20/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury

Injured at work?

23. SIGNATURE

Th. S. Noble M. D. or other 1/21/47  
Address Easton Md. Date signed 1/21/47

RECEIVED

JAN 30 1947

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235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

934

00894

## CERTIFICATE OF DEATH

Reg. Dist. No. 2920

## 1. PLACE OF DEATH:

County Talbot Co.  
 City or town Trappe  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death 50 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Talbot  
 City or town Trappe  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Otto Anton Thume

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower

6. (b) Name of husband or wife Mary Rebecca Thume7. Birth date of deceased (mo., day, yr.) Mar. 21 1874

8. AGE: Years 72 Months 9 Days 18 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Harrisburg, Pa.  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name Joseph Thume13. Birthplace Hungary14. Maiden name Anna E. Rheinwald15. Birthplace Germany16. Informant Mrs. Elmer StevensAddress Trappe, Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan 11, 1947  
(month) (day) (year)Cemetery or crematory WorshipLocation Worship, Md.18. Funeral director Maurice E. NewnamAddress Easton, Md.19. (Date rec'd by registrar) Jan 9 - 1947Registrar Joseph C. Coz

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1947 at 6:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Jan 1947and that I last saw him alive on Jan 9 - 1947Immediate cause of death Cardiac decompensationDue to Chronic myocarditisDue to Gasoline overacidityOther conditions Gasoline overacidity

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

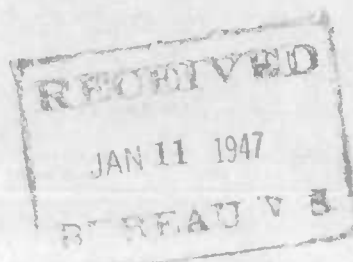
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Joseph C. Coz M. D. or other \_\_\_\_\_Address Trappe, Md. Date signed 7/9/47





1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 19 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 19 days

## 3. (a) FULL NAME

Thomas J. Todd

## 3. (b) Social Security Number

4. Sex Male5. Color or race white6. (a) Single, married (widowed, or divorced) (checked)B. (b) Name of husband or wife Mary A. Todd7. Birth date of deceased (mo., day, yr.) Sept. 10, 1868

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: 78 Years 4 Months 4 Days hrs. min.9. Birthplace Dorchester Co. Md.  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business RetiredFATHER 12. Name Elisha F. Todd13. Birthplace Dorchester Co. Md.MOTHER 14. Maiden name Levie Martha Carey15. Birthplace Dorchester Co. Md.16. Informant Howard A. ToddAddress Federalburg Md17. (Burial, cremation, or removal, Which?) Burial Date thereof 1/26/47  
(month) (day) (year)Cemetery or crematory Trill CrestLocation Federalburg Md18. Funeral director J. J. Thompson Son.Address Federalburg Md.19. 1/24 47 N. H. Nevins  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 19 47 at 9<sup>12</sup> a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6 19 47, to Jan 24 19 47  
and that I last saw him alive on Jan 24 19 47

Immediate cause of death \_\_\_\_\_

DURATION

Arteriosclerosis, generalized years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

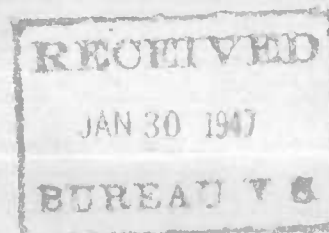
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. J. Thompson M. D. or other \_\_\_\_\_Address Easton Md Date signed 1-25-47



2-35

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

Reg. Dist. No.

00896  
2900

## 1. PLACE OF DEATH:

County Royal Oak Talbot Co.City or town Easton P.D.#4  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Royal Oak  
(If outside city or town limits, write RURAL and give nearest town)Street No. more R.F.D.#4  
(If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (a) FULL NAME

Walter Scott Wallach

## 3. (b) Social Security Number

none4. Sex Male5. Color or race negro6.(a) Single, married, widowed, or divorced marriedB.(b) Name of husband or wife Carrie Wallach7. Birth date of deceased (mo., day, yr.) 18768.(c) If alive, give age 68 years8. AGE: Years 71 Months 4 Days 4 If less than one day

hrs. min.

9. Birthplace Talbot Co.  
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business none12. Name Wm. Wallach13. Birthplace Talbot Co., Md.14. Maiden name Harriet Sharwood15. Birthplace Talbot Co., Md.16. Informant Mrs. Carrie WallachAddress Royal Oak, Talbot Co., Md.17. Buried Date thereof Jan. 28-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Royal OakLocation Royal Oak18. Funeral director Leon W. HarrisAddress 310 South St. Easton, Md.19. 1/22 19 47 H.B. Neuman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1947 19 at 7:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1946 19 to Jan 21, 1947and that I last saw him alive on Jan. 20, 1947 19

Immediate cause of death

Acute UremiaDue to AnteriosclerosisGeneral

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury ✓ Injured at work? ✓23. SIGNATURE P. B. Neuman M. D. or otherAddress St. Michaels, Md Date signed 1.21.47

Date signed

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JAN 25 1947

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